OMB Number: 2030-0020 Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefix	c: Dr.		First Name:	Mike				Middle Name:			
	Last I	Name:	Rowland						Suffix:			
Title:	Assi	stant	Director f	or Facility	Services							
Complete Address:												
Stree	Street1: 205 Jesse Hill Jr. Dr. SE											
Stree	t2:]				
City:	Ī	Atlant	a			State:	GA: Georg	ia				
Zip / F	Postal	Code:	30334			Country:	USA: UNI	TED STATE	is			
Phone I	Numb	er:	(404) 617-	9409			Fax Num	ber:				
E-mail A	Addre	ss:	mrowland@d	oe.k12.ga.us								
Payee: Individual authorized to accept payments.												
Name:	Prefix	c:		First Name:	Rusk				Middle Name:			
	Last I	Name:	Roam	J					Suffix:		7	
Title:			nd Busines	s Director							_	
Complete Address:												
Stree	t1: [205 Je	esse Hill J	r. Dr. SW				1				
Street2:												
City:	ā	atlant	ia.			State:	GA: Georgi	.a				
Zip / Postal Code: 30334				Country: USA: UNITED STATE			S					
Phone I	Numb	er:	404-656-24	92			Fax Numl	ber:				
E-mail A	Addre	ss:	rroam@doe.	k12.ga.us				_				
			ntact: Indiv		nsored Prog	grams Offic	ce to contac	t concernin	g administrati	ve matters (i.e., i	ndirect cost	
	•		augeting req									
Name:				First Name:	Mike				Middle Name:			
	Last I	Name:	Rowland						Suffix:			
Title:												
Complete Address:												
Street1: 205 JEsse Hill Jr. Dr. SW												
Stree	t2: [-						
City:	_	Atlant				ı.	GA: Georgi	.a				
			30334			Country:		red state	S			
Phone Number:			(404) 617-9409 Fax Number:									
E-mail Address:		ss:	mrowland@doe.k12.ga.us									

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EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name:	Prefix: Dr.	First Name: M	ike	Middle Name:								
	Last Name:	Rowland		Suffix:								
Title:	Assistant	Director for Facility Se	ervice									
Complete Address:												
Stree	t1: 205 Je	esse Hill Jr. Dr. SE										
Stree	t2:											
City: Atlant		a	State: GA: Georg	ria								
Zip / Postal Code:		30334	Country: USA: UNI	ITED STATES								
Phone Number:		(404) 617-9409	Fax Nun	nber:								
E-mail Address:		mrowland@doe.k12.ga.us										

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